

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2									
3									
4									
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18									
19		18							
20		18							
21	1								
22		1							
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26						1			
27							1		
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46									
47									
48									
49									
50									
TOTAL IND.	2		↓						
TOTAL DEP.	72		←	↓					
TOTAL CLAIMS	74								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									